

APR 27 2007

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
A collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL
for FY 2005**

Effective 12/08/2004

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$50.00)

Complete if Known

Application Number	10/772,917
Filing Date	February 5, 2004
First Named Inventor	BLUM, Ronald D.
Examiner Name	BEN, LOHA
Group / Art Unit	2873
Attorney Docket No.	P-8884-US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please specify): _____

Deposit Account Number 50-3355 Deposit Account Name: Pearl Cohen Zedek Latzer, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
-20 or HP =	2	x 25	\$60		50	25
HP = highest number of total claims paid for, if greater than 20.					200	100
					360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-3 or HP =	2	x 0	\$0	0	0	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

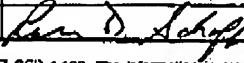
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	/ 50 =	(round up to a whole number)	x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other fee(s):

Fee Paid (\$)

SUBMITTED BY		Complete if applicable			
Name (Print /Type)	Robert D. Schaffer	Registration No. (Attorney/Agent)	33,775	Telephone	(646) 878-0800
Signature				Date	April 27, 2007

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

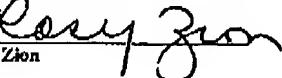
RECEIVED
CENTRAL FAX CENTER
APR 27 2007

COVER PAGE LISTING DOCUMENTS BEING TRANSMITTED VIA FACSIMILE

15 Pages Via Facsimile: 571-273-8300
 Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (fax no. 571-273-8300) on April 27, 2007.


 Rosy Zion

Rosy Zion

Regarding the following Application:

Applicant(S): BLUM, Ronald D. et al. Examiner: BEN, LOHA

Serial No./
 Patent No.: 10/772,917 Group Art Unit: 2873

Filed/Issued Date: February 5, 2004 Attorney Docket No.: P-8864-US

Title: Method and Apparatus for Correcting Vision Using an Electro-Active Phoropter

Please find:

<p>1. <input type="checkbox"/> Provisional Cover Sheet</p> <p>2. <input type="checkbox"/> Utility Patent Application Transmittal</p> <p>3. <input type="checkbox"/> RCE Transmittal Sheet</p> <p>4. <input checked="" type="checkbox"/> Fee Transmittal Sheet</p> <p>5. <input type="checkbox"/> Patent Application Under 35 USC 111(a)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Provisional Patent Application Under 35 USC 111(b)</p> <p><input type="checkbox"/> Transmittal Sheet for Entering National Phase Containing: _____ Pages of Specification _____ Pages of Claims _____ Page of Abstract _____ Pages of Formal Drawings _____ Pages of _____</p> <p>6. <input type="checkbox"/> Signed Declaration & Power of Attorney</p> <p>7. <input type="checkbox"/> Request for Correction of Recordation of Assign. and: - Recordation Cover Sheet - Copy of Notice of Recordation of Assign. 8. <input type="checkbox"/> Recordation of Assign. Cover Sheet & Signed Assign.</p>	<p>9. <input type="checkbox"/> Response to Notice to File Missing Parts</p> <p>10. <input type="checkbox"/> Response to Notice of Incomplete Reply</p> <p>11. <input type="checkbox"/> Request for Correction of Filing Receipt</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement including: - Form PTO/SB/08 and references _____</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Response to Office Action dated <u>March 14, 2007</u></p> <p>15. <input type="checkbox"/> Petition for a One Month(s) Extension of Time</p> <p>16. <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Appeal Brief _____</p> <p>17. <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Publication Fee</p> <p>18. <input type="checkbox"/> Submission of Formal Drawings; Two sets of _____ Sheets containing Figs. _____</p> <p>19. <input type="checkbox"/> Copy of Priority Doc.</p> <p>20. <input type="checkbox"/> Claim for Convention Priority</p> <p>21. <input type="checkbox"/> Revocation and Power of Attorney, Including: - Statement Under 37 CFR 3.73(b) - Copy of Assignment</p> <p>22. <input type="checkbox"/> Other:</p>
--	--

**RECEIVED
CENTRAL FAX CENTER
APR 27 2007**

Attorney Docket No.: P-8864-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): **BLUM, Ronald D. et al.** Examiner: **BEN, Loha**
Serial No.: **10/772,917** Group Art Unit: **2873**
Filed: **February 5, 2004**
Title: **Method and Apparatus for Correcting Vision Using an Electro-Active Phoropter**

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment is filed in response to the Office Action dated March 14, 2007, in the above-identified Application. A response is due June 14, 2007. Accordingly, this Amendment is being timely filed. Please amend the application as follows:

Amendments to the Specification begin on page 2 of this Amendment.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 8 of this paper.

04/30/2007 HLE333 00000006 503355 10772917
01 FC:2202 50.00 DA